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| <b>Case Number:</b>   | CM14-0154392 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 06/22/2014 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 27-year-old female with a 6/22/14 date of injury; when a client kicked her in the face and chest. The patient was seen on 8/21/14 with complaints of sharp neck pain radiating into bilateral upper extremities with numbness and tingling. The patient also reported intermittent moderate headaches, depression and anxiety. Exam findings revealed muscle spasm and tenderness over cervical paraspinal muscles and bilateral upper trapezial muscles. The range of motion of the cervical spine was decreased 20 % in all planes. The diagnosis is cervical sprain/strain with radiculopathy. MRI of the cervical spine dated 8/25/14 was unremarkable. Radiographs of the cervical spine dated 7/29/14 revealed: straightening of the cervical lordosis with restricted range of motion on flexion and extension views that may reflect an element of myospasm. Treatment to date: work restrictions. An adverse determination was received on 8/29/14 given that the physical examination findings were not suggestive of significant cervical spine pathology or severe or progressive deficits that would warrant an MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the cervical spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Indications for Imaging, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The radiographs of the cervical spine dated 7/29/14 revealed straightening of the cervical lordosis with restricted range of motion on flexion and extension and the views reflected an element of myospasm. The physical examination did not reveal any evidence of tissue insult or neurologic dysfunction. There is no rationale with regards to the need for an MRI of the cervical spine. In addition, the patient already underwent an MRI of the cervical spine on 8/25/14 and the results were unremarkable. Therefore, the request for MRI of the cervical spine without contrast is not medically necessary.